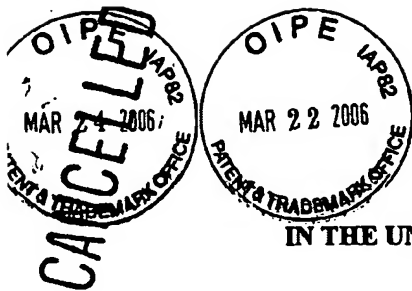


United States Patent and Trademark Office  
- Sales Receipt -

03/30/2006 LTHOMPS1 00000003 503013 10645653

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03-24-06

*[Handwritten signature]*

Express Mail No. EV452777051US

**FEE**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of: Freyman et al.

Confirmation No.: 8819

Serial No.: 10/645,653

Art Unit: 3767

Filed: August 20, 2003

Examiner: Witczak, Catherine

For: MEDICAL DEVICE WITH  
DRUG DELIVERY MEMBER

Attorney Docket No: 10177-169

**RESPONSE TO RESTRICTION REQUIREMENT AND PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed February 23, 2006, please  
enter the following amendments and consider the following remarks.

**Amendments to the Claims begin on page 2 of this response**

**Remarks begin on page 8 of this response**

**Conclusion begins on page 8 of this response**

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/645653

~~10/645653~~

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	27	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	27 - minus 20 =	* 7
INDEPENDENT CLAIMS	3 - minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

3-22-06

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 39	Minus	** 27	= 12
	Independent	* 3	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	\$75.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	126.00
X84=	
+280=	
TOTAL	876.00

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	6.00
X84=	
+280=	
TOTAL	6.00
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.